

VACCINE SCHEDULES

The vaccine schedules detailed below are those recommended by the vaccine manufacturers. Many vaccines can be given at short notice or schedules shortened to accommodate your travel plans. Vaccines are listed **A-Z** and **not** in any order of importance or priority. Please see www.medicines.org.uk for detailed information.

Vaccination	Vaccine Type	Contraindications	Schedule	Other information
BCG (including Mantoux testing)	BCG is normally into the left upper arm	<p>Those who have already had a BCG vaccine.</p> <p>Those with a past history of TB.</p> <p>Severe allergic reaction (anaphylaxis) to previous dose of the vaccine or its constituents.</p> <p>Those whose immune systems are compromised.</p> <p>Young babies in a household where an active case of TB is suspected or confirmed.</p>	<p>Mantoux testing is used as a screening test for tuberculosis infection or disease. It is not a vaccine. It can be performed for those requiring Mantoux testing for occupational purposes. It is sometimes indicated for those aged <16 years travelling to countries with a high incidence of tuberculosis infection. The Mantoux test is read 48 - 72 hours later.</p>	<p>Mantoux testing is not performed in the clinic on a Thursday, as it would need to be read on a Sunday, when we are closed.</p> <p>If MMR has recently been given and a Mantoux test is required, then a four week interval advised.</p> <p>If you require a Mantoux test or BCG please go to the home page of the website and click on the Mantoux/BCG enquiry form and follow the instructions</p>
Cholera (Dukoral)	Vaccine is given orally	<p>Severe allergic reaction (anaphylaxis) to previous dose of the vaccine or its constituents</p>	<p>Aged 6 and over: First dose on day 0. Second dose between one and six weeks after first dose</p> <p>For children aged 2- 6 years: First dose on day 0. Second dose between 1- 6 weeks after first dose. Third dose between 1- 6 weeks after second dose</p> <p>Booster: For continuous protection against cholera, a single booster dose is recommended two years after completing the primary course for adults and children over six years of age. For children aged 2- 6 years a booster after six months is required.</p> <p>If more than 2 years have elapsed the primary course should be repeated.</p>	<p>Those receiving vaccine should not eat or drink one hour pre and post administration of this vaccine.</p>

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Diphtheria/Polio/Tetanus (DPT) (Revaxis)	Injection into the upper arm or outer thigh	Severe allergic reaction (anaphylaxis) to previous dose of the vaccine or its constituents	For adults: Initial course 3 injections at 4 week intervals. Booster: Single booster doses at 10 years.	Those who have completed five doses of vaccine in their lifetime should continue to have vaccine every 10 years if at continued risk and travelling.
Hepatitis A (Havrix Monodose Avaxim))	Injection into the upper arm or outer thigh	Severe allergic reaction (anaphylaxis) to previous dose of the vaccine or its constituents	Adults: Course of 2 injections ideally 6 to 12 months apart. Timing: Ideally 2 weeks before travel although may be worth giving for those travelling at short notice e.g. within days of travel. Booster: One injection gives protection for 12 months and a 2 nd injection gives at least 25 years protection in a healthy individual.	
Hepatitis A Junior (Havrix Junior Monodose, Vaqta Paediatric)	Injection into the upper arm or outer thigh	Severe allergic reaction (anaphylaxis) to previous dose of the vaccine or its constituents	Children: Aged 1 to 15 or 17 years of age (depending on the vaccine used), 2 injections as per adult schedule. Timing: Ideally 2 weeks before travel, although may be worth giving for those travelling at short notice e.g. within days of travel. Booster: One injection gives protection for 12 months and a 2 nd injection gives at least 25 years protection in a healthy individual.	Hepatitis A vaccine is not usually required in those under two years of age.
Hepatitis B (Engerix B) (Engerix B Paediatric)	Injection into the upper arm or outer thigh	Severe allergic reaction (anaphylaxis) to previous dose of the vaccine or its constituents	Adults and Children: Course of 3 injections given at 0, 1 and 6 months. Can be given from birth. Timing: Other rapid schedules (adults over 18 yrs only) for those travelling at short notice include days 0, 1 month and 2 months or, days 0, 7 and 21-28. Both these schedules should have a booster at one year. Booster: Full duration of protection for Hep B has yet to be established. It is therefore recommended that individuals at continuing risk of infection should be offered a single booster dose of vaccine once only around five years after primary immunization.	Hepatitis B vaccine can be given to those requiring it for occupational health purposes, as well as for travel.

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Hepatitis A and B Combined (Twinrix)	Injection into the upper arm or outer thigh.	Severe allergic reaction (anaphylaxis) to previous dose of the vaccine or its constituents.	<p>Adults: Protection against Hepatitis A and Hepatitis B. Course of 3 injections given at 0, 1 and 6 months. Rapid schedule on days 0, 7 and 21 for adults travelling at short notice (Primary immunization requires a booster at 1 year).</p> <p>Children: (1-15 years of age): Course of 3 injections given at 0, 1 and 6 months.</p> <p>Booster: Full duration of protection for Hep B has yet to be established. It is therefore recommended that individuals at continuing risk of infection should be offered a single booster dose of vaccine once only around five years after primary immunization. Hepatitis A booster may be considered 25 years after primary immunization in healthy individuals.</p>	
Hepatitis A and Typhoid Combined (Viatim or Hepatyrix)	Injection into the upper arm or outer thigh.	Severe allergic reaction (anaphylaxis) to previous dose of the vaccine or its constituents.	<p>Adults: One dose protects for 1 year for Hepatitis A and 3 years for Typhoid.</p> <p>Children: Viatim and Hepatyrix cannot be given to those aged less than 16 or 15 years respectively.</p> <p>Timing: Ideally at least 10 days before travelling to high risk areas, although may be worth giving for those travelling at short notice e.g. within days of travel.</p> <p>Booster: A single dose of Hepatitis A given 6-12 months later gives protection for 25 years in healthy individuals.</p>	
Japanese Encephalitis (Ixiaro)	Injection into the upper arm or outer thigh.	Severe allergic reaction (anaphylaxis) to previous dose of the vaccine or its constituents.	<p>Schedule: 2 doses day 0 and day 28. When time is limited a 0 and day 7 schedule can be considered for adults</p> <p>Timing: There is no requirement for 10 day interval before travelling following administration of this vaccine.</p> <p>Booster: Following a primary course a booster dose should be considered after 12-24 years if at risk.</p>	For adults and children from 2 months of age

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Measles, Mumps and Rubella (MMR) (Priorix)	Injection into the upper arm or outer thigh.	Severe allergic reaction (anaphylaxis) to previous dose of the vaccine or its constituents.	<p>Adults: One or two injections one month apart.</p> <p>Children: Two doses. UK immunization programme usually given over the age of one and pre-school.</p> <p>Booster: Two doses as per schedule, no further boosters required.</p>	<p>May be given to those under the age of one. Seek specialist advice in the clinic.</p> <p>MMR and Yellow Fever should ideally not be given on the same day. A 4 week gap between vaccines is advisable. MMR should be delayed until a Mantoux test has been read unless protection against measles is required urgently. If MMR has recently been given and a Mantoux test is required, then a four week interval advised.</p>

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Meningococcal conjugate vaccine (Menveo)	Injection into the upper arm or outer thigh.	Severe allergic reaction (anaphylaxis) to previous dose of the vaccine or its constituents.	<p>Given from 2 months of age</p> <p>*From 2-9months of age: two doses 1 month apart. >9 months of age: one dose only</p> <p>Timing: Ideally 10 days before travel.</p> <p>Booster: Currently uncertain</p>	<p>Visa entry requirements should be checked for travel to individual countries. * National guidance recommendation</p> <p>Large epidemics have occurred in association with Hajj pilgrimages to Saudi Arabia and vaccination is now a visa entry requirement. Saudi authorities require boosters for visa purposes every 3 years.</p>
Meningococcal conjugate vaccine (Nimenrix)	Injection into upper arm or outer thigh.	Severe allergic reaction (anaphylaxis) to previous dose of the vaccine or its constituents.	<p>*Adults and children from 9 months of age.</p> <p>Timing: Ideally 10 days before travel.</p> <p>Booster: Currently uncertain</p>	<p>Nimenrix and a tetanus-containing vaccine, should be co-administered or Nimenrix should be administered at least one month before a tetanus containing vaccine. * National guidance recommendation</p>
Rabies (Human Diploid Cell Vaccine or Rabipur)	Injection into the upper arm or outer thigh.	Severe allergic reaction (anaphylaxis) to previous dose of the vaccine or its constituents.	<p>Adults: Course of 3 injections over a 3 or 4 week period, days 0, 7 and 21 or 28.</p> <p>Timing: Ideally one month before travelling to complete schedule.</p> <p>Booster: Most travellers are considered to be at infrequent risk and routine boosting is not considered necessary following a completed course of 3 intramuscular injections, but could be considered after 10 years. Those considered to be at frequent or continuous risk have a booster at 1 year and blood tests at 6 months or 1 year depending on risk.</p>	<p>If you are bitten, licked or scratched by a mammal you still need to seek immediate medical advice, even if you have been vaccinated.</p> <p>However, vaccination prior to travel simplifies post exposure treatment.</p>
Tick borne Encephalitis (Tic-O-Vac)	Injection into the upper arm or outer thigh.	Severe allergic reaction (anaphylaxis) to previous dose of the vaccine or its constituents, including egg.	<p>Adults and children: Course of 3 injections, day 0, 1-3 months and 5-12 months after the second dose. For rapid short-term protection of children and adults the second dose may be given two weeks after the first dose and gives at least 90% protection by day 14 after the second dose.</p>	

			<p>Timing: at least two weeks before travelling to complete rapid two dose short-term protection.</p> <p>Booster: Recommended every three-five years after an initial three dose schedule if the individual continues to be at risk.</p>	
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Typhoid (Typhim Vi)	Injection into the upper arm or outer thigh.	Severe allergic reaction (anaphylaxis) to previous dose of the vaccine or its constituents.	<p>Adults and children aged 2 years or over: Single dose.</p> <p>Timing: Ideally at least 10 days before travelling.</p> <p>Booster: A reinforcing dose is necessary after 3 years if at continued risk.</p>	
Typhoid (Vivotif)	Vaccine is given orally	<p>Severe allergic reaction (anaphylaxis) to previous dose of the vaccine or its constituents</p> <p>Vaccine should not be given to those who are immuno-compromised or during an acute febrile and/or gastrointestinal illness.</p>	<p>Adults and children: Vivotif is an active oral immunisation against typhoid fever for children aged six years and over, adults and elderly.</p> <p>Timing: Each capsule should be taken approximately one hour before a meal with a cold or lukewarm drink (temperature not to exceed body temperature, e.g. 37°C) on alternate days 1, 3 and 5. The vaccine capsule should be swallowed as soon as possible after placing in the mouth and not chewed.</p> <p>Booster: In the case of travel from a non-endemic area to an area where typhoid fever is endemic, a booster after three years consisting of three doses is recommended.</p>	<p>Those receiving vaccine should not eat or drink one hour pre and post administration of this vaccine</p> <p>The immune response to the oral live vaccine organisms may be affected by sulphonamides or other antibiotics. A course of Vivotif should not start within three days of completing treatment with any antibacterial agents.</p> <p>Also, it is preferable that antibacterial therapy should not commence within three days of the last dose of Vivotif.</p> <p>You should seek advice from your travel advisor regarding the use of Vivotif at the same time as anti-malaria drugs</p>
Yellow Fever (Stamaril)	Injection into the upper arm or outer thigh.	<p>Severe allergic reaction (anaphylaxis) to previous dose of the vaccine or its constituent, including egg.</p> <p>Those with thymus disorder.</p>	<p>Adults: Single dose.</p> <p>Timing: Ideally 10 days before travel.</p> <p>Booster: protection is considered to be lifelong for most. However, a reinforcing dose may be considered after 10 years if required as there may be a certificate requirement for some countries visited</p>	MMR and Yellow Fever vaccine should not be given on the same day, but at an interval of four weeks.